



Community Health Center Association of Connecticut

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Testimony of

Community Health Center Association of Connecticut

Presented by

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Human Services Committee

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Thank you for this opportunity to comment today on two bills before you:

- SB 1084, *An Act Concerning Delays in Medicaid Application Processing* – CHCACT Supports;
- HB 6608, *An Act Concerning An Integrated System of Care* – CHCACT Supports.

The Community Health Center Association of Connecticut (CHCACT) is a nonprofit organization that exists to advance the common interests of Connecticut's federally qualified health centers (FQHCs) in providing quality health care. Through training, technical assistance, public policy work and other initiatives, CHCACT supports the 14 FQHCs in their provision of comprehensive health care to over 329,000 residents across the state every year.

A profile of FQHC patients in Connecticut (2012):

- 94% low income (under 200% of federal poverty level)
- 58% Medicaid
- 23% uninsured
- 16,000 homeless
- 73% racial/ethnic minorities

SB 1084, *An Act Concerning Delays in Medicaid Application Processing* – CHCACT Supports

CHCACT supports this effort to improve Medicaid application processing times at the Department of Social Services. As this Committee knows, the Department has long struggled to keep pace with its application processing responsibilities; the situation has become exacerbated over the past several years due to a significant increase in applications for all social service programs, coupled with a lack of adequate numbers of staff. In fact, the State currently faces two lawsuits as a result of delayed application processing.

Commissioner Bremby repeatedly has expressed his commitment to modernization, and those efforts will provide some assistance in solving the current problems. CHCACT recommends that

the Department work to integrate the Earned Benefits Online (EBO) system into its new platform, so that Outreach Workers can track and follow up on applications for consumers. Additionally, full modernization would allow for consumers and outreach workers to enter information directly into an eligibility management system, which will prove convenient, as well as helpful in reducing errors.

Finally, CHCACT recommends that the Committee add language to this bill requiring the Department to continue to fund Outreach Workers in federally qualified health centers, consistent with federal law (42 C.F.R. §435.904). Currently, and for twenty years, DSS and CHCACT have partnered to provide each federally qualified health center with funding for an outreach worker. These workers assist uninsured consumers in applying for HUSKY right at the point of receiving a health care service; they work with consumers to obtain necessary documentation for completion of the application and conduct diligent follow-up to ensure that DSS processes the application. This contract is ending on June 30. With the movement towards integration of outreach efforts between Medicaid and the Exchange, there is concern that funding for these outreach workers could be discontinued. Your support of these outreach workers is appreciated.

HB 6608, *An Act Concerning An Integrated System of Care – CHCACT Supports*
CHCACT asks for the Committee's support of this bill to develop recommendations for integration of care. The legislation is in line with recommendations proffered in the Statewide Health Care Facilities and Services Plan, which was published by the Office of Health Care Access in October. CHCACT was pleased to participate in the development of that report and its recommendations.

Nationally, much of the overall movement in health care relates to integration – including the development of electronic health records, Person Centered Medical Homes, Accountable Care Organizations, and, here in Connecticut, the “Health Neighborhood” concept under development for dually eligible individuals. At federally qualified health centers, the goal has always been to integrate care to the extent possible. Many FQHCs are able to provide comprehensive primary, behavioral health and dental care under one roof – sometimes even optical care, podiatry and some other specialty care. However, when FQHCs do not have the resources or staff to provide integration on site, they work with community partners to ensure their patients receive the services they need.

Of late, community partnerships have expanded. In fact, many behavioral health agencies, including DMHAS, have approached CHCACT and FQHCs about opportunities to integrate this care, ideally at the primary care level. The data developed by the study in this bill would inform these and other partnerships being developed statewide.

Thank you in advance for your support, for the opportunity to comment and for your service to the state.